

**Request for the Announcement of Doctoral Oral Examination
(For ADVANCEMENT TO CANDIDACY)**

Department of Human Development and Family Science
The University of Georgia

Please submit this form to the HDFS Graduate Program Assistant at least 2 weeks before the scheduled exam date.

Student Name: _____

ID # (810) _____

Exam Date: _____

Exam Start Time: _____

Location: _____

Title of Specialization Project: _____

Major Professor's Name: _____

Committee Members: _____
